

# Guidelines for a School Based Fluoride Mouthrinse Program

(Revised 2008)



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### TABLE OF CONTENTS

TOOTH DECAY AND FLUORIDE	2
SCHOOL BASED TOPICAL FLUORIDE MOUTHRINSE PROGRAM FACTS	3
OBTAINING NECESSARY SUPPORT	3
OBTAINING CONSENT	4
SUPPLIES	4
ESSENTIAL PERSONNEL	5
TRAINING STAFF/VOLUNTEERS	5
CONDUCTING THE MOUTHRINSE PROCEDURE	6
10 EASY STEPS OF FLUORIDE MOUTHRINSING	7
OPTIONAL METHODS OF DELIVERY	7
RECORD KEEPING	8
MONITORING ACTIVITIES	8
APPENDIX	10

PARENT HANDOUT - "SCHOOL BASED FLUORIDE MOUTHRINSE PROGRAM"
PARENT CONSENT FORM
PARENT HANDOUT - "TIPS FOR A HEALTHY SMILE"
CERTIFICATE OF APPRECIATION FORM
CLASSROOM PARTICIPATION RECORD FORM

Alternative accessible formats of this publication will be provided upon request. For further information, call (406) 444-0276.

# Tooth Decay and Fluoride

Tooth decay, also known as cavities or "caries", is the most common disease of childhood -5 times more common than asthma. Additionally, science has shown that children are not born with the bacteria that cause tooth decay. Parents or caregivers pass the bacteria *Streptococcus Mutans* on to their children usually before the age of two. Due to this fact, it is important that parents take good care of their oral health to reduce the risk of transmission.

Fluoride is the 13<sup>th</sup> most abundant element in the earth's crust and found in both water and air. Fluoride makes tooth enamel stronger, so teeth are more resistant to acid attacks. Acid is formed when the bacteria in plaque break down sugars and carbohydrates from the diet. Repeated acid attacks break down the tooth, which causes cavities. Fluoride also acts to repair, or remineralize areas that have already begun the decay process.

### Methods of providing fluoride to teeth

Fluoride inhibits dental caries during the period of tooth formation (systemic application) and by placing directly onto the teeth (topical application).

#### **Systemic fluoride methods include:**

- consumption of fluoridated water
- ingestion of processed beverages and food
- use of dietary supplements

### **Topical fluoride methods include:**

- professionally applied gels/liquids
- self applied gels/mouthrinses
- self applied toothpaste

### **Community Water Fluoridation**

The Centers for Disease Control and Prevention (CDC) has deemed fluoridation to be one of the 10 great public health achievements of the 20th century.

Fluoridation is the adjustment of a community water supply to an optimal concentration for the prevention of tooth decay. The optimal range of fluoride in drinking water for Montana is 1 part fluoride per million parts of water (1.0 ppm or 1mg/L). This concentration provides systemic benefits to teeth that are developing as well as topical benefits to erupted teeth.

<sup>&</sup>lt;sup>1</sup> National Institutes of Dental and Craniofacial Research. 2000. The Surgeon General's Report on Oral Health.

Currently **31.3** % **of Montanans** have access to optimally fluoridated water from a community water system. A Healthy People 2010 objective is to increase to 75% the proportion of the U.S. population served by community systems who receive optimally fluoridated water.

### School Based Topical Fluoride Mouthrinse Program Facts

Maximum reduction in tooth decay results when children receive <u>both</u> systemic and topical fluoride. The weekly mouthrinse does not replace the need for optimally fluoridated drinking water, fluoride toothpaste or professionally applied fluoride treatments.

Over 38,000 Montana students in nearly 250 schools participate in the program.

#### **†IT'S EASY AND SAFE**

The fluoride mouthrinse program takes a total of less than five minutes of class time each week and is easy to learn. Non-dental personnel including classroom teachers or school staff, parents, and volunteers easily supervise the procedure. If a child accidentally swallows the fluoride solution, it would not cause an adverse reaction.

#### **\$IT'S INEXPENSIVE**

Supplies necessary to conduct a fluoride mouthrinse program cost less than .50 cents per child per year. All supplies are available, at no cost to the school, from the Montana Department of Public Health and Human Services.

#### **#IT'S EFFECTIVE**

The U.S. Food and Drug Administration (FDA) ruled that sodium fluoride solutions are safe and effective in reducing the incidence of tooth decay.

## Obtaining Necessary Support

A critical and ongoing step for a successful fluoride mouthrinse program is to obtain and sustain support from the school principal, staff, and community. Technical assistance is available to conduct in-service training and assist in implementing a weekly fluoride mouthrinse program.

Even though your school may have participated in the fluoride mouthrinse program for some time, it is necessary to remind students, parents, school staff and citizens in the community of the benefits of the program. *FREE* informational brochures regarding the program are available for distribution upon request.

Other activities to help gain and maintain interest in the program might include setting up a display for parents to try the fluoride rinse at the school open house, writing a school newsletter or newspaper article about the program, garnering

local radio or television coverage, or creating an exhibit at a shopping mall or health fair. The month of February, Children's Dental Health Month, is a good time to highlight the program.

# **Obtaining Consent**

A consent form or permission slip signed by a parent or guardian must be received to participate in the fluoride mouthrinse program. (See Appendix)

### Recommended procedure for distribution and collection of forms

Forms are reproduced at the school district level or at individual schools. Many schools send the consent form home as part of a packet of information for parents. A master list of participants is compiled for use by the school and the classroom teacher. A <u>Classroom Participation Record</u> is provided to help with this task.

## Supplies

- Consent forms
- Forms to record participation
- Timer or clock
- Sodium fluoride packets
- Polyethylene jugs
- Dispenser pumps
- Cafeteria trays (if used)
- Cups
- Facial tissue
- Plastic trash bags for disposal

#### **ORDERING SUPPLIES**

Supplies are ordered from the DPHHS Oral Health Program. An order form is sent to fluoride mouthrinse coordinators. Supplies are delivered in September of each year and are based on remaining supplies on hand from the previous school year. It is important to report an accurate account of remaining supplies on the order form in order to prevent running out of supplies. (See Appendix)

### NOTE: Fluoride that has or will expire over the summer months should NOT be included in the supplies on hand when completing the order form.

Expired fluoride packets should be cut open and the powder flushed down the toilet for proper disposal.

#### STORAGE OF SUPPLIES

In instances where the number of participants is small and not all of the fluoride solution is consumed in one session, the unused portion of the solution may be stored away from the reach of children. **The solution does not need to be refrigerated.** To store, unscrew the pump and

replace it with the childproof cap accompanying the container. This will provide additional safety when the container is unattended. **DISCARD unused solution after three weeks.** 

The supply of fluoride should be kept in a locked storage area where extremes of hot and cold can be avoided. Other supplies such as paper products and plastic trash bags should be stored in a dry, secure place.

### **G**ESSENTIAL PERSONNEL

One person should have overall responsibility for coordination of the program activities. There may already be persons in your school or community to assist with the program such as:

School Nurses Health Department Personnel
Dentists Dental Hygienists/Assistants
Parents/Volunteers Teachers' Aides

Faculty Members/Staff Mature Students

Although the program coordinator usually inventories the supplies and distributes them to each school on a regular basis, teachers, school staff or volunteers often mix and dispense the fluoride solution. Larger school systems may have an organized system for recruiting volunteers. Many parents and retirees are willing to give time to a worthwhile effort and college students are especially eager to become involved in assisting in a community health program helping children. Persons who believe their time is well spent will be advocates for the program and will interest others in the program.

### TRAINING STAFF/VOLUNTEERS

Everyone who has some responsibility for the program must receive adequate training. The training is accomplished through a brief workshop held at a convenient time to accommodate all individuals who will be participating in the program.

### SUGGESTED WORKSHOP AGENDA

- 1. Present the objectives of the workshop
- 2. Discuss the prevalence of tooth decay and its consequences
- 3. Explain the role of fluoride in preventing tooth decay including systemic and topical applications
- 4. Describe the use of fluoride mouthrinse in the school setting
- 5. Demonstrate the fluoride mouthrinse procedure including mixing and dispensing the rinse solution
- 6. Have participants practice the procedure in the recommended manner so that they fully understand how simple the procedure is and how the fluoride rinse tastes.
- 7. Emphasize their role and commitment to the success of the program
- 8. Provide enough time to answer any questions that are raised

- 9. Ideally, an oral health preventive educational curriculum should be included in the goals of the program
- 10. Stress the importance of monitoring the program

#### LOCATION FOR THE WORKSHOP

The room should be large enough to accommodate the participants with a table to place the fluoride mouthrinse supplies for demonstration purposes. Drinking water should be available for mixing the solution.

#### PERSONNEL FOR THE WORKSHOP

Those persons who are thoroughly familiar with the fluoride mouthrinse procedures are essential for the workshop faculty. They might include local, state or federal health or educational officials, a local dentist or dental hygienist, or trained community volunteers.

#### MATERIALS FOR THE WORKSHOP

- Copies of the workshop agenda
- Brochures about the program (available from DPHHS)
- Fluoride mouthrinse supplies (scissors to open packet, cups, rinse, jugs, facial tissue)
- Printed instructions for conducting and monitoring the mouthrinse procedure (pgs. 6-9 of this manual)

### CONDUCTING THE MOUTHRINSE PROCEDURE

#### WHO?

This program is for students in grades Kindergarten through 12th grade; however, personnel conducting the rinse program are recommended to participate because it is also beneficial for adult teeth.

#### WHEN?

It is best to designate a specific day of the week for the fluoride mouthrinsing procedure. Wednesday is a popular day. Many schools prefer to conduct the mouthrinsing procedure immediately after school begins in the morning.

Note: Use the mouthrinse at a time when the students are not eating and drinking for 30 minutes after the procedure.

#### HOW?

Before actually beginning the program, the participating students should receive adequate instruction about the fluoride mouthrinse procedures as well as the program's purpose. A "practice session" scheduled just before the first rinsing session of the mouthrinsing procedure using plain water works well, particularly in working with kindergarten and first grade students. A "tell-show-do" approach can be used, that is, explain the procedure, demonstrate it, and then have the students carry out the rinsing procedure with plain water. In addition, it is suggested, particularly with younger students, that each child's nasal passage be clear before beginning the rinsing. This is particularly important during the winter months when many students have colds.

# 10 EASY STEPS OF FLUORIDE MOUTHRINSING

- 1. Depending upon size of class, determine amount of mouthrinse needed. A 2gm. packet will yield approximately 60 uses.
- 2. Fill jug with cool tap water to the appropriate arrow. (1000 ml.)
- 3. Empty packet into container, replace cap and shake well.
- 4. Remove cap, insert appropriate pump and push down several times to prime.
  - ♣ Kindergarten use small pump =1 teaspoon/5ml
  - Grades 1-12 use large pump = 2 teaspoons/10ml
- 5. Depress pump fully one time to dispense correct amount of mouthrinse into a cup for each child
- 6. Give the cup and a tissue to the student by method of choice.
- 7. Instruct the student to empty the contents of the cup into the mouth and swish vigorously around mouth without swallowing for one minute.
- 8. After swishing, instruct the student to hold the cup against the mouth and slowly spit the solution back into the cup.
- 9. Instruct the student to wipe their mouth with the tissue then put it into the cup to absorb the excess solution and discard into the trash.
- 10. Rinse the pump and jug with warm water and allow to air dry separately then recap jug. **NOTE:** Unused fluoride does not require refrigeration and can be stored for up to three weeks.

### **C**OPTIONAL METHODS OF DELIVERY

The classroom teacher can determine how the cups of fluoride mouthrinse solution and tissues are distributed to each student. Some teachers do it themselves, while others allow older students to take turns in dispensing the material from the tray. Other teachers have the students come to a desk or table to pick up their own cup and tissue. The following are some method used:

#### METHOD #1

- 1. Pupils remain at their desk
- 2. One student distributes cups while another distributes the tissue
- 3. The teacher walks from desk to desk and pumps fluoride into the cup
- 4. The students wait for the signal to begin

#### METHOD #2

- 1. A stack of cups, tissues and the jug of fluoride are arranged on a table
- 2. The teacher or an older student is in charge of the jug one student may be in charge of the cups and another in charge of the tissues
- 3. Students form a line and file past the table each takes a tissue and filled cup
- 4. Students return to their seat and wait for the signal to begin

#### METHOD #3

- 1. School staff or a volunteer dispense the solution into cups at a central location
- 2. The correct number of cups are placed on trays and delivered to each classroom
- 3. The classroom teacher will choose an appropriate time during the day to conduct the rinse and determine a method for the distribution of the cups and tissues
- 4. Students wait for the signal to begin

# RECORD KEEPING

### The following forms are to be used as a component of this program:

- Parent Consent Form required for student participation Mandatory
- ◆ Supply Order Form delivered to DPHHS by end of School Year (Spring) Mandatory
- Fluoride Mouthrinse Program Participant Data Form delivered to DPHHS by end of School Year (Spring) – Mandatory
- Classroom Participation Record Form for classroom use only

Each school or school district should keep a weekly record of each student's use of the fluoride mouthrinse. This is usually done on the Classroom Participation Record form. Keeping a record can be used to motivate students to continue participating in the program. In some schools the classroom teacher records this information or older students record their own participation. This form can also be used to inform any substitute teachers, who may be in on Fluoride Mouthrinse days, of which students have permission to participate in the program.

### **MONITORING ACTIVITIES**

Monitoring the fluoride mouthrinse program is recommended on a periodic basis. The program coordinator should schedule a time in each school or schools to observe the procedures and to discuss any questions or problems that students or school personnel may have. These observations help to ensure the quality of the program and it also emphasizes to the students, staff, faculty and administration that the program is important. A checklist for monitoring might include:

#### Determining the supply of materials

- Are the supplies being used?
- Are the supplies adequate?
- ♣ Is an inventory kept?
- •Is the supply of fluoride kept in a locked place with moderate temperature?
- \$\displays \text{Is the supply of fluoride being periodically checked for expiration?}
- Is the expired fluoride being disposed of properly?

### Observing the preparation of the fluoride rinse

- **♦** Is the work area clean?
- Was the fluoride dispensed properly?
- Was the procedure well supervised?

- Did everyone start the procedure at the same time?
- Did the students do the procedure correctly?
- Were students given educational messages about the procedure?
- Were the students instructed to not eat or drink for 30 minutes?
- Was participation recorded?
- Have new students been offered the program?
- Are the teachers and the staff participating in the program?

Many school fluoride mouthrinse programs would not exist without the volunteers who conduct weekly distribution to students. It is important that they be recognized in some way for their interest, support, and time. This can be done in many ways, such as awarding a certificate of appreciation at a school assembly or recognizing them in a unique way during Children's Dental Health Month in February. (See Appendix)

# Appendix



# SCHOOL BASED FLUORIDE MOUTHRINSE PROGRAM Parent Information

TOOTH DECAY, also known as cavities or dental "caries," is the <u>most common</u> disease of childhood and preventable

### **\* WHY PARTICIPATE?**

The school based fluoride mouthrinse program uses a topically applied fluoride solution to provide protection from tooth decay.

Fluoride is a mineral that occurs naturally in all water sources. At an optimal level, it is effective to make tooth enamel strong and in preventing and reversing early tooth decay. Currently 31.3% of Montanans' have access to optimally fluoridated water from a community public water system.

Private well water needs to be tested for the fluoride level. It is important to know your water source and the fluoride level of your water.

Over 38,000 Montana students in nearly 250 schools participate in the weekly fluoride mouthrinse program.

### **# IT'S EASY AND SAFE**

The fluoride mouthrinse program takes *less than five minutes* of class time. Classroom teachers or school staff, parents, and volunteers easily supervise the procedure. Once a week students receive a plastic cup containing 1/3 of an ounce of flavored 0.2% sodium fluoride solution. Students rinse the solution between their teeth for 1 minute; spit the rinse back into the cup; and wipe their mouth with a tissue. The student places the tissue in the cup to absorb the liquid and the cup in the trash. If a student accidentally swallows the rinse, it would not cause an adverse reaction.

### **† IT'S INEXPENSIVE**

Supplies necessary to conduct a fluoride mouthrinse program cost less than 75 cents per child per year. All supplies are available, at no cost to the school, from the Montana Department of Public Health and Human Services.

### **† IT'S EFFECTIVE**

The U.S. Food and Drug Administration (FDA) supports that supplements of fluoride are safe and effective in reducing the incidence of dental caries when used with accepted methods.

### SCHOOL BASED FLUORIDE MOUTHRINSE PROGRAM

### PARENT/GUARDIAN CONSENT FORM

Grade
Teacher
the weekly fluoride mouthrinse program at

### TIPS FOR A HEALTHY SMILE

TOOTH DECAY, also known as cavities or dental "caries," is the <u>most common disease of childhood</u> and <u>preventable</u>

### WHAT CAUSES TOOTH DECAY?

- Bacteria that are naturally found in everyone's mouth causes tooth decay.
- Parents or caregivers can pass these bacteria from their mouths to their infants and children.
- When you eat or drink foods containing sugars, starches, or high in acids the bacteria makes acids that weaken the tooth enamel to cause tooth decay.

### **HOW TO PREVENT TOOTH DECAY?**

- Brush twice daily with a pea sized amount of fluoridated toothpaste.
- Floss daily to clean in between teeth where the toothbrush does not reach.
- Have regular dental check-ups. Ask your dentist about fluoride supplementation and sealants.
- Limit starch and sugar snacks, and sweets that stick to your teeth.
- To quench your thirst Drink water! Limit fruit juice and sport drinks.
- Follow the recommendations of Montana's Team Nutrition healthy food choices found at: <a href="http://www.mypyramid.gov">http://www.mypyramid.gov</a>



### Certificate of Appreciation

is hereby granted to:

for outstanding volunteer commitment and lasting contribution to:
The Montana School Based Fluoride Mouthrinse Program

Date:

### FLUORIDE MOUTHRINSE PROGRAM - CLASSROOM PARTICIPATION RECORD

Teacher's Name:	Grade:	
Teachers: This form is to track each student's participation in the		

<u>Teachers:</u> This form is to track each student's participation in the FMR Program. It can also help substitute teachers verify which students have permission to participate in the FMR Program.

### For Classroom Use Only



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